

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: NC Dept of Trans.

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: 4809 Beryl DriveCounty: WakeCity: Raleigh State: NC Zip Code: 27606Tele. No. (Area Code): (919) 733-2220

II. LOCATION OF TANK(S)

Facility Name or Company NC DOTFacility ID # (if available) 0-024689Street Address or State Road: P O Box 8County: Caswell City: Yanceyville Zip Code: 27379Tele. No. (Area Code): (919) 694-6101

III. CONTACT PERSON

Name: RL Willis Job Title: Div Op Engr Telephone Number: (919) 334-3192

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: NC DOT

Address: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
1	7000	Gasoline Empty Since 1973	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	7000	Diesel Empty Since 1973	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	10000	Gasoline In Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	10000	Diesel " "	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	2000	Waste Oil " "	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	500	Kerosene Empty Since 1980	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	500	Heating Oil Empty Since 1986	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	500	Heating Oil In Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

RL Willis Division Operations Engineer *Scheduled Removal Date: 5-18-92Signature: RL WillisDate Submitted: 3-19-92

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.